

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Homeland Security Commission

Muriel Bowser
Mayor



Dr. Christopher Rodriguez
Director

HOMELAND SECURITY COMMISSION
QUARTERLY MEETING

Friday, July 10, 2020
3:00 pm to 5:00 pm
Virtual Webex Meeting

Commission Member Attendees: Brad Belzak (Chair), Brian Baker, Phil McNamara, Joanna Turner, and Ed Pearson

HSEMA Attendee(s): Dion Black, Jason Rubinstein

Additional Attendees: Dr. Dennis Onieal

Note: No members of the public were present

Brad: (Opens the meeting and addresses the Homeland Security Commission).

We are pleased to have Dr. Dennis Onieal with us today to provide an overview for our study. Dr. Onieal, thank you for taking time with us and offering insights from your lengthy experience. We appreciate your perspective on mass care and resiliency. Before we get underway, can we have brief introductions?

(Commissioners and meeting attendees introduce themselves).

Jason: I'm not seeing any members of the public present. Do Commissioners wish to move into closed session for Dr. Onieal's briefing?

(Commission does not vote to move into closed session).

Dr. Onieal: I appreciate hearing everyone's background and connections. I'm happy to be here. Emergency Support Function 6 issues rely on a multi-agency and stakeholder response. The response plan is lengthy and thorough. Before I met Brad during our work with Katrina, I supported response efforts for Hurricane Sandy, 9/11, and many other incidents. The success in administering support functions fall on the people engaging in the emergency response operations, and it hinges on their familiarity with the process. My questions to the Commissioners are – What do you want to see? What are you looking to accomplish with the study? What are you worried about and what needs to be taken care of?

Brian: I appreciate the question. I would like us to provide objective recommendations that the District can use to approach mass care in a manner that considers the unique environment we are in today. I spent many years with HSEMA, developing the plans you mentioned. I remember

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when we didn't have a mass care response plan. The plan only came to fruition after Katrina, when we received survivors in the District that we sheltered. The aftermath of sheltering those survivors drove the priority to have a mass care and sheltering plan. Since then, a lot of those original players are no longer a part of the plan, and a lot of the assumptions (such as congregate sheltering), no longer carry the same consideration. As we look back, we need to develop plans that can be executed, considering the elements and situations that are at hand. I want a plan that can be pulled off the shelf. As a Commission, we need to produce a report that connects the expertise and information, so it is usable, today.

Ed: I echo the sentiment Brian has expressed. I want recommendations that are usable and tangible for the District. (Draws on Arthur Capper as example of modern incident that prompts an adapted mass care response plan). Having worked in the fire service, I know resources were put forth to HSEMA, DC Fire and many other agencies to empower a mass care response. I believe we can do better. I want to develop tangible recommendations that can improve upon our current framework.

Dion: Thank you for the opportunity to weigh in. My role is to support your mission as HSEMA's General Counsel. I am supposed to stay impartial and support in any way I can. I understand that mass care has been a very crucial issue for the District. I look forward to taking in what you provide.

Joanna: I want us to have actionable recommendations. I don't want to pile on or offer redundant guidance. We have a world class city, with world class leadership and appointees. I want us to do the research, exam gaps, and provide recommendations on how to fill those gaps. I don't want this project to be in a vacuum. Although the Commission has worked on pandemics before, this is a new reality we live in. Even when we are through this pandemic, we recognize that the globe will see more. I want to see adaptive and actionable plans that account for exigent and broad circumstances.

Phil: I want to connect with other governments and entities around the country and learn from them. The mass care plan in our District was developed through a lot of time and attention. We should assess gaps in the current plan, identify information that is missing, and capture best practices from other units within the government. When we talk about actionable recommendations we should consider when the plan was last utilized. I would love to see a TTX or example of when the mass care plan was last implemented. Has it been done on the Mayor's level, Operational level, etc.?

Dr. Onieal: (Thanks Commissioners for their initial feedback and asks about the Arthur Capper Fire).

Brian: Arthur Capper highlighted that the District would benefit from additional information and plans for addressing mass care incidents, specifically in servicing vulnerable populations. This

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incident posed challenges for the supporting agencies and called for a deep look in sheltering and mass care from a broad perspective.

Ed: The fire occurred just before I retired.

Joanna: September 2018 was the date of the fire.

Ed: We ended up with a challenge that was a bit unexpected - to service the displaced residents of a vulnerable population. A high-rise fire and large-scale displacement presented a unique issue. They had to search, recover residents, do recon - I believe they found one resident days after the incident.

Dr. Onieal: Before we look for the silver bullet, we should consider the basics. Relocating displaced residents after a fire should be a manageable issue for DC. When the planes crashed into the pentagon and the Potomac river, the displacement was simple. Had those planes crashed into a neighborhood; the relocation would have been vastly complex. I can provide you with people to talk to from various cities who could offer additional perspective. Circling back, the first questions regarding the mass care plan would be - are you familiar with the plan, and when did you last exercise it? I bet it would take some time to find the actual plan and become familiar with it. Brian, do you agree?

Brian: I agree. Plans are not always socialized to leadership. They are developed by planners. At times, the operators do not know what's in the plan or where it is.

Dr. Onieal: If the politicians aren't familiar with the plan itself, they will make political decisions as opposed to emergency management decisions. We see this in the federal service. In the emerging situations and circumstances, politicians look for solutions that override the civil service. Making sure those with authority do not look past the service component is an important gap to fill.

Brad: I want to know how cities are dealing with the pandemic while planning for emerging issues, such as hurricanes and severe weather. What steps are they taking? When did they last exercise their plan? Also, are first responders equipped to respond to events during a pandemic? Do they have the gear and equipment?

Next, what is the gold standard? What makes a plan successful? Another concern I have is the resiliency of the waterfront. DC Council is also concerned about relocation and displacement issues at the waterfront. Lastly, how do we deal with the vulnerable populations in the context of relocation, the pandemic, mass care, etc.

Dr. Onieal: Vulnerable populations face a disparate impact in the wake of pandemics and natural disasters. How can those without credit and readily available finances ensure security during

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these disasters? Again, I urge us not to look for the silver bullet. We want to make sure those who are executing the plan are familiar with it. We want this familiarity ahead of the incident. That is the current biggest vulnerability I see.

Brad: I also want us to look at innovation. We should see what cities around the world are doing differently, and how we can leverage that information in the District's planning. I would like us to consider a layered approach. To your point, Dr. Onieal, there is no silver bullet, but I'm hoping our work can contribute in a meaningful way to the information that is available.

Dr. Onieal: I am available any time. I will get back to you with additional contacts that may assist you in your research.

Brad: Thank you for taking the time. We love your insights and will follow up.

(Dr. Onieal signs off).

Do we need to stay open or closed?

Dion: If we move into closed session, let's make a note in the minutes indicating that we did so, provide the basis for moving into closed session, and assign the permissible reason.

Commission unanimously votes to close the meeting at 3:48 pm, pursuant to D.C. Code §2-575(b)(8), 7-2271.04, and 7-2271.05, in the interest of preserving public health and safety.

Meeting briefly reopens at approximately 4:35 pm. No members of the public are present. Meeting adjourned.